



EMPLOYEE CRISIS FUND

OVERVIEW

The San Diego County Employees' Charitable Organization (CECO) Employee Crisis Fund (ECF) provides emergency assistance to County of San Diego employees or retirees who are experiencing a financial hardship resulting from certain sudden, severe, and unexpected event(s). The program, supported by the donations from, and various fundraising organized by, County of San Diego employees and retirees, is intended to *lend a hand* to fellow colleagues during their time of unexpected financial hardship.

ASSISTANCE

The maximum amount available for assistance is \$3,000. The maximum award is not guaranteed, and in most cases, a lesser amount will be awarded. Grant award(s) are made directly to vendor(s) as bill payment(s). Typically, awards are not sent directly to applicants. The decision to grant funds is based on the applicant's eligibility, the applicant's need, the circumstances underlying the lack of resources, and funding availability. Grant funding is designed to fill an unexpected (emergency) financial need that will allow the individual to be financially self-sufficient moving forward.

QUALIFIED EMERGENCY/CRISIS CATEGORIES

An emergency/crisis is defined as the occurrence of any event or combination of circumstances which is beyond the employee's control and requires quick action. Examples include natural disaster, theft/loss of essential property; illness/disability, death in immediate family that resulted in an emergency situation; loss of employment by spouse; fire; and non-preventable accidents. The ECF is not intended to provide monetary support for individuals experiencing financial hardship connected to or arising out of gambling, overspending, and/or preventable circumstances.

Emergency/crisis event(s) that qualify for ECF assistance must fall in one or more of the following categories:

- **Natural Disaster:** Situations such as a wildfire, flood, severe storms, or earthquake that have damaged or destroyed the employee's primary residence. Photographs, video, and/or other documentation may be required.
- **Catastrophic Illness or Injury:** ECF is not a substitute for medical insurance; employees do not automatically qualify for a grant when they, or their dependents, are diagnosed with or suffer a life-threatening or serious illness or injury. There must be resulting financial need placing significant pressure on the family's financial resources. Doctor confirmation and/or medical documentation may be required.
- **Death Incident:** This includes funeral expenses/services or medical bills as a result of the death of a spouse or eligible dependent(s).
- **Catastrophic or Extreme Circumstances:** This includes but is not limited to fire, major home damage that could not be prevented, serious crime against the employee/retiree (robbery, arson, assault, domestic abuse, or another reportable crime) that significantly impacts the family's resources. Police, fire, or other official incident report may be required.
- **Emergency Housing and Transportation:** Emergency housing does not include rent or mortgage but may include assistance with security deposit. This category may also cover essential vehicle repairs or transportation costs.

ELIGIBILITY

To apply and receive assistance, applicant must meet all of the following requirements:

- Permanent employee or retiree of the County of San Diego.
- Experiencing a one-time emergency/crisis based on a qualifying assistance category (see above categories).
- Able to have met all basic needs of their household from personal resources prior to the emergency/crisis.
- Has utilized and exhausted all available resources, including savings, to the greatest extent possible before seeking ECF assistance.
- Has not received CECO ECF assistance in the last 12-months.

HOW TO APPLY

1. Ensure your request falls within a qualifying assistance category and all eligibility criteria is met.
2. Complete the ECF Application below and compile all required documentation (this includes 2-months of paystubs, a copy of your most recent checking and savings account (s), formal quotes/invoices, and/or receipts relevant to your request).
3. Sign and submit application and required documentation to the County of San Diego Department of Human Resources (DHR) Benefits at dhrbenefits.fgg@sdcounty.ca.gov. DHR Benefits will forward the application request to CECO for review and consideration.
 - a. Request must be complete in order to be considered. Incomplete applications will not be considered until all information is provided.
 - b. Information provided by applications will be treated as confidential and shared only with individuals directly involved in ECF administration and payment processing.
4. A CECO representative will directly contact applicant for any questions, comments, and request for additional material/information within 14-business days.
5. If application has been approved, a check will be mailed to vendor(s) as bill payment(s); typically, awards are not sent directly to applicants.
6. Decisions are final.

For more information, please contact CECO at sdceco@sdcounty.ca.gov or County Human Resources at Dhrbenefits.fgg@sdcounty.ca.gov.

APPLICANT INFORMATION

Name: _____ **Employee ID:** _____
(Last) (First) M.I.)

Address: _____
(Street Address) (Apartment/Unit #)

(City) (State) (ZIP Code)

Cell Phone: _____ **Email:** _____

Department: _____ **Job Title:** _____ **Mail Stop:** _____
(if applicable):

Work Phone: _____

Marital Status: _____
(check one) Single Married Divorced/separated Domestic partner

Number and Age of Children/Dependents in Household: _____

GRANT REQUEST INFORMATION

Emergency/Crisis Category of Request: _____
(check one) Natural Disaster Catastrophic Illness or Injury Death Incident
 Catastrophic or Extreme Circumstances
 Emergency Housing or Transportation

Amount Requested: \$ _____

Expense Requested to be Covered: _____

BACKGROUND

Please answer the following questions completely.

- All information given will be confidential and financial disclosure is required.
- Information and documentation must establish that after the one-time event has been resolved through Employee Crisis Fund assistance, the applicant shall again be able to meet their basic needs.
- Supporting documents are necessary for evaluating and determining eligibility of ECF request.

1. Describe the circumstances that led to the emergency/crisis event, including how it has caused financial hardship.
2. Date of emergency crisis/event:
3. Describe how this assistance will help you recover from the emergency/crisis.

4. Have you tried to seek assistance from other entities/resources/programs related to your request? If 'yes', please describe who/for what type of assistance. If 'no' please explain why not or if you need guidance to other resources.

5. Please tell us anything else that would help in understanding the circumstances of the hardship you or your family is experiencing.

MONTHLY INCOME INFORMATION

Please include two months of most recent paystubs

Net Wages (Self): \$ _____

Additional Net Wages (Self): \$ _____

Net Wages (Spouse): \$ _____

Additional Net Wages (Spouse): \$ _____

Net Wages (Others in Household): \$ _____

Please list any other household income (leave blank or write N/A if non applicable):

Child Support: \$ _____

Food Assistance: \$ _____

Other Assistance: \$ _____

TOTAL MONTHLY INCOME: \$ _____

FINANCIAL INFORMATION

You are required to attach two months of most recent documentation for all of your active checking and savings account statements.

Total Monthly Expense: \$ _____

Total Monthly Income: \$ _____

GRANT PAYABLE INFORMATION

Please provide the grant payable information below. You must confirm in advance that the entity accepts checks; only in rare instances are grant funds paid directly to the employee/retiree requesting assistance (i.e. emergency housing/hotel payment):

Attention (Name of Vendor Contact): _____ Account/Invoice Number _____

Company Name: _____ Phone: _____

Mailing Address: _____

VERIFICATION CONSENT STATEMENT AND SIGNATURE

REMINDER – PLEASE MAKE SURE YOU PROVIDED THE FOLLOWING:

- Requested assistance within a qualifying category
- Completed every field in the application
- Attached two months' worth of paystubs
- Attached a copy of most recent checking and savings account statement(s)
- Attached relevant documentation such as invoices, quotes, etc. based on your grant request

I authorize CECO to verify information relating to my Employee Crisis Fund application and to verify the accuracy of all information received.
I understand that the application review may require follow-up questions and documentation from CECO.
I understand that failure to cooperate with verification and/or the Employee Crisis Fund Administrator will result in automatic denial of your application.
I understand that any fraudulent information may result in prosecution.
I understand that I can withdraw my application at any time.
I understand that my grant will be cancelled after 14 business days of not responding to CECO's last communication for clarifying information in the application review process.
I understand that all decisions are final.

Signature: _____ Date: _____

Please complete the CECO Employee Crisis Fund application, print and sign, and then scan and email the application and all documentation to **County Human Resources Benefits at Dhrbenefits.fgg@sdcounty.ca.gov**. Once all the documentation is received, CECO will evaluate your application and make a recommendation, then contact you with the results in approximately 10 business days.

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